

Civil Action No. \_\_\_\_\_

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Drug Enforcement Administration, Office of Chief Counsel was received by me on (date) 01/17/2020 .

I personally served the summons on the individual at (place) \_\_\_\_\_ on (date) \_\_\_\_\_ ; or

I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_, a person of suitable age and discretion who resides there, on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) \_\_\_\_\_, who is designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_ on (date) \_\_\_\_\_ ; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other (specify): On January 22, 2020, I sent a copy of the Summons, Complaint, and Order (ECF No. 5) by U.S. Certified Mail, Return Receipt Requested, to the Office of Chief Counsel, Drug Enforcement Administration. The Summons and accompanying documents were delivered on January 24, 2020.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 01/27/2020


Server's signature

Kendall Morton, Paralegal & Special Projects Manager  
Printed name and title

Institute for Justice  
816 Congress Ave., Suite 960  
Austin, TX 78701

Server's address

Additional information regarding attempted service, etc:



January 24, 2020

Dear Kendall Morton:

The following is in response to your request for proof of delivery on your item with the tracking number: **7017 1450 0000 5768 4342.**

**Item Details**

**Status:** Delivered, To Agent  
**Status Date / Time:** January 24, 2020, 10:18 am  
**Location:** SPRINGFIELD, VA 22152  
**Postal Product:** Priority Mail®  
**Extra Services:** Certified Mail™  
Return Receipt Electronic  
Up to \$50 insurance included

**Shipment Details**

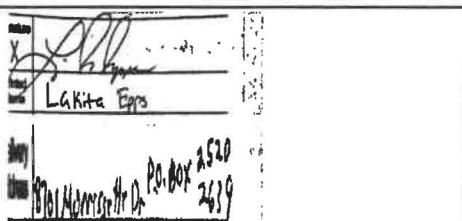
**Weight:** 15.0oz

**Destination Delivery Address**

**Street Address:** 8701 MORRISSETTE DR  
**City, State ZIP Code:** SPRINGFIELD, VA 22152-1080

**Recipient Signature**

**Signature of Recipient:**



**Address of Recipient:**

Note: Scanned image may reflect a different destination address due to Intended Recipient's delivery instructions on file.

Thank you for selecting the United States Postal Service® for your mailing needs. If you require additional assistance, please contact your local Post Office™ or a Postal representative at 1-800-222-1811.

Sincerely,  
United States Postal Service®  
475 L'Enfant Plaza SW  
Washington, D.C. 20260-0004

4342  
5768  
0000  
0000  
1450  
7017

**U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.  
SPRINGFIELD, VA 22152

**OFFICIAL USE**

**Certified Mail Fee \$3.50**

**Extra Services & Fees (check box, add fee as appropriate)**

<input type="checkbox"/> Return Receipt (hardcopy)	\$ 1.50
<input checked="" type="checkbox"/> Return Receipt (electronic)	\$ 0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00
<input checked="" type="checkbox"/> Adult Signature Required	\$ 0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00

**Postage \$8.20**

**Total Postage and Fees \$13.30**

Drug Enforcement Administration  
Office of Chief Counsel  
8701 Morrissette Drive  
Springfield, VA 22152

01/20  
JAN 22 2020  
Postmark  
01/22/2020  
78701

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions